

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE						
						APPLICANT(S)							
4-18-05 CLAIMS						4-18-05							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.		DEP.		IND.		DEP.	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						61							
2						62							
3						63							
4						64							
5						65							
6						66							
7						67							
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39						99							
40						100							
41													
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48													
49													
50													
TOTAL IND.						TOTAL IND.							
TOTAL DEP.						TOTAL DEP.							
TOTAL CLAIMS						TOTAL CLAIMS							